

of some of the large hospitals of the country, and it certainly is especially gratifying to the many women in executive positions who wrestle with the problem of hospital maintenance to find the doctrine of simplicity and economy gaining headway. May we live to see the day when glass, nickel, and marble may be less important, and more thought given to the diet and general comfort of the patient!

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#### PROGRESS OF STATE REGISTRATION: LESSONS TO BE LEARNED FROM THE LAWS IN OPERATION

IN opening up the general review of the subject of state registration, we had intended to commence with a criticism of the bills now in operation, in the order in which they were passed. There has been some delay in getting the material together, because of the holiday season and for various other causes, and we are unable to continue the discussion fully in this issue, as announced.

*North Carolina.*—Of the administration of the law in North Carolina, we have some interesting facts, which we give at this time. The North Carolina nurses succeeded in securing the passage of a law for the state registration of nurses a number of weeks earlier than New Jersey and New York. The bill as it finally came out of the legislature was very much amended, and we have understood it was not at all in the form in which it was presented. In the passage of the North Carolina bill, the workers had no fund from which to draw. The first year after the law went into effect the fees did not amount to enough to pay the expenses, and each member of the board paid his or her own bills for travelling, etc. The members now receive four dollars per day, with travelling expenses, while engaged in the work of the board, the fees being paid out of the five dollars registration fee.

The bill, although one of great limitations, has had a tendency to arouse a greater interest in the careful instruction of nurses, and the training-schools within the state express themselves as willing to make any changes necessary to render their graduates ready for registration. The bill as it passed did not make a diploma compulsory, but we understand that none but graduate nurses have come forward to take the examination. The proposed amendments to the statute which are to be presented to the legislature this winter ask that a diploma from a general hospital be required of all applicants for examination. There has been no provision made for the inspection of training-schools.

We have to take into consideration that the North Carolina nurses

had absolutely no precedent, that conditions in the South are very different from those in the North and West, and that what may seem very inadequate from a professional standpoint to nurses in other sections of the country really represents a great deal when we consider all of the circumstances in connection with the passage of the bill. The statute provides for registration with the County Clerk, with the keeping of a roll of registered nurses, and for the revocation of a license or certificate for adequate causes and by a method of procedure clearly defined.

While the North Carolina bill is not one to be taken as a standard, still as we review the obstacles that nurses of the successful states have had to overcome, and the number of failures that have been met with in other directions, this bill as it stands, the first to become a law, impresses us as an achievement to be proud of. Time will remedy its defects.

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#### A WEAK POINT

For many years there has been more or less complaint and criticism from the oculists regarding the provisions made by general hospitals and nurses' schools for the care of the eye patient.

If one takes the time to inquire and observe, one will find that the complaint is not only well founded, but that the oculists have been remarkably patient and long-suffering. The improvements in the hospitals have been made principally for general surgery, laboratory work, and later dietetics. In some instances the eye patient has had a postscript added for his benefit by making use of some nook or corner which was originally intended for some other purpose, but more often he is nearly overlooked altogether. Teaching of the nurses has been likewise pushed aside for what seemed more important subjects, which leaves graduates of many general hospitals woefully ignorant of the care of the eyes, outside of the preventive measures used with the new-born child.

That this has been done unconsciously there is no doubt, but it seems time for all concerned, hospital officials as well as nursing teachers, to stop and consider.

Sooner or later the great bulk of humanity needs the service of the oculist. Few of us escape, and a glimpse of any public school, with its vast numbers of small children wearing glasses, will convince any doubter of the need of a better understanding of the eye, its use and abuse, both in health and disease.

We make a plea to nurses' teachers to improve this point in their